

Perinatal HIV Prevention:

Current Policies, Practices and Barriers to use of Rapid Testing in Maryland Labor and Delivery Rooms

Stella J. Lii

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Advisors:

Jessica Pollak Kahn

Ann Price



Perinatal HIV Transmission

- Pregnant women who are HIV positive have a **25% risk** of transmitting the virus to their offspring
- Risk can be decreased from 25% to **2%** in women who are identified early in their pregnancy as HIV infected
- ARV prophylaxis during labor or within 12 hours after birth, reduces risk from 25% to **9-13%**



HIV among Maryland Women

- 37.8% of new HIV cases are women
- 200-225 HIV-positive women give birth each year
- Perinatal HIV transmission decreasing since 1992
 - 2003: 5 cases
 - 1998: 24 cases
 - 1992: 35 cases

● **Study Goals:**

- To determine which MD hospitals are currently offering rapid HIV testing in L&D units
- Assess the readiness, barriers, and technical assistance needs

● **Ultimate Goals:**

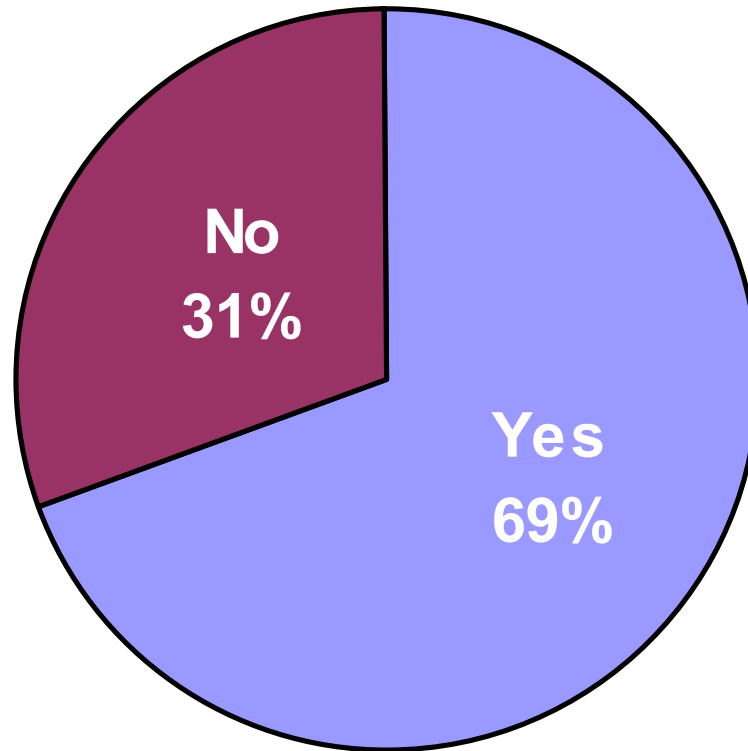
- Develop targeted intervention to increase the availability and use of rapid HIV tests
- Eliminate mother-child HIV transmission

Methods

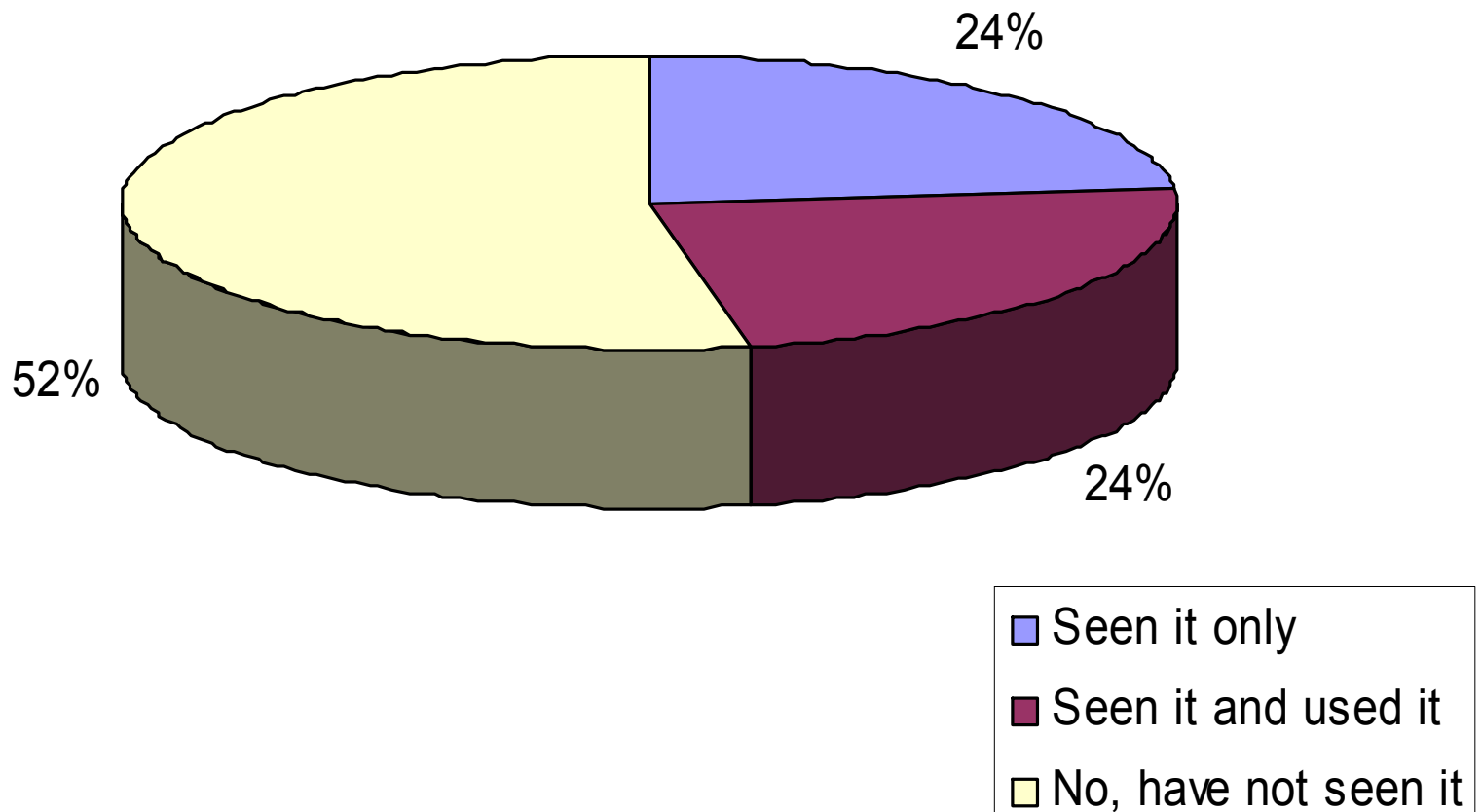
- 28-question survey
 - ↳ Distributed to Nurse manager/director
 - ↳ At all 32 Hospitals in Maryland with obstetric services
- 81% response rate
 - 26 hospitals in 13 counties

Knowledge regarding Rapid Testing

**Awareness of Point-of-Care HIV test
that does not need to be read in a
Laboratory**

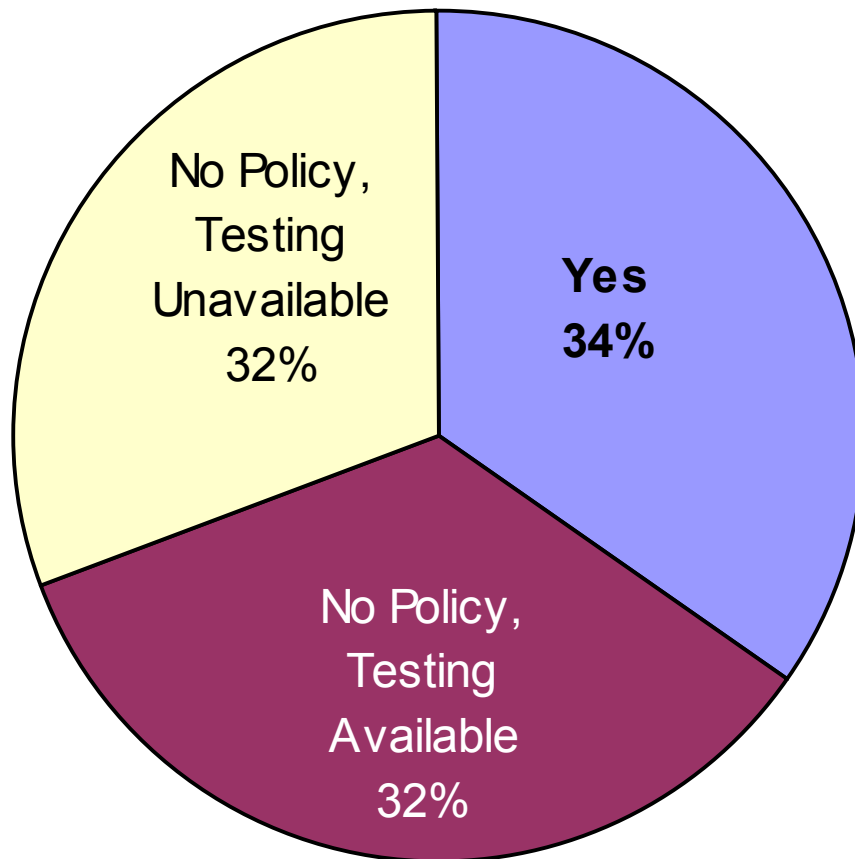


Familiarity with CDC's Model Protocol for Rapid HIV Antibody Testing during Labor and Delivery



Hospital Policy/Protocols

Presence of Hospital Protocol for Providing Rapid HIV Testing in L&D



Hospital Policies/Protocols

- Offered to all women without HIV test results in the prenatal record
- One differed in actual practice: only offered to women without prenatal care

Practices of Hospitals without Policy/Protocol but where HIV testing is available:

- Offered to women without HIV tests in prenatal record
- Offered to women with no prenatal care
- Offered to high risk women
- Offered if HIV is suspected

Policies: Documentation Requirements

60% Requires documentation of offering, acceptance, refusal and test results

20% Requires documentation of acceptance, refusal, and test results

10% Requires documentation of offering only

10% Does not require documentation

Hospital Policies/Protocols:

Tests Used For Initial HIV Screen

Reveal Rapid	38%
ELISA/EIA	31%
OraQuick Rapid	23%
Uni-Gold Rapid	8%
DNA PCR	0%
RNA PCR	0%
Other:	15%

Confirmatory Test:

Western Blot

Rapid Test Practices

- HIV testing is performed in the hospital lab or an off-site laboratory. Only one hospital currently conducts HIV testing in the L&D unit
- Quality assurance of tests drawn in L&D is conducted by a designated lab personnel
- Testing is drawn by nurse or phlebotomist, but results are given by physician or midwife
- Results are available within 1 hour in 57% of hospitals, and within 4 hours for all but one hospital

Where is Rapid HIV Testing Available?



Employee Health	57%
Labor and Delivery	43%
Emergency Department	38%
Inpatient	28%
Outpatient Centers	19%
Other (lab)	10%
Trauma	10%
Urgent Care Center	10%
Not Available	14%

Reasons for using Oraquick Rapid HIV-1 in the lab instead of L&D

- Privacy Issues
- Regulatory Issues (e.g. CLIA)
- State or local laws
- Organizational Requirements
- Clinical Staff decline responsibility for HIV Testing
- ***Concerns over quality control***
- ***Able to receive timely results from the laboratory***



Policy/Protocol for women and their infants with a positive HIV test result during labor and delivery

- 82%** Provide antiretroviral medication to woman in labor and neonate as soon as possible
- 5%** ARV medication not provided to either woman or neonate until confirmatory positive test results are obtained
- 14%** No such hospital policy/protocol

ARV medications available in Hospital's Pharmacy

- Nearly all hospitals had either Zidovudine (AZT or ZDV) IV or tablets 24hrs/day, 7 days per week
 - 57% both IV and Tab
 - 28% IV only
 - 14% Tab only



Protocol for women who were not tested for HIV in prenatal care or prior to delivery

- 43% Mother only is approached for HIV testing postpartum
- 10% With parental consent, HIV testing is routinely offered for newborn only
- 14% Both mother and newborn are approached for testing
- 14% Newborns whose mothers are at high risk
- 5% Testing is routinely done on the newborn without parental consent
- 24% Other



Factors rated “**Very Important**” in explaining why HIV testing is not part of their routine L&D care for women with undocumented HIV Status

- Privacy Issues
- Legal and regulatory Issues
- State or local laws\Insufficient linkages for HIV care

Conclusions

- Poor Knowledge regarding HIV Rapid Testing
- Few hospitals with established policies/protocols regarding HIV testing
- Low availability of rapid testing
- Suboptimal use of Rapid Testing

Recommendations

- Education regarding Rapid Tests
- Bring staff up-to-date on current HIV testing and perinatal prevention recommendations and guidelines
- Assist in establishing policies/protocols regarding HIV testing in labor and delivery units
- Staff training in administration of the tests, pre and post-test counseling
- Limited provision of rapid HIV test kits

Limitations

- No internal validation
- Sampling nurse managers only